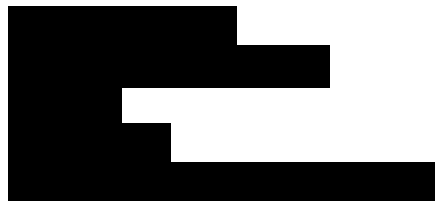


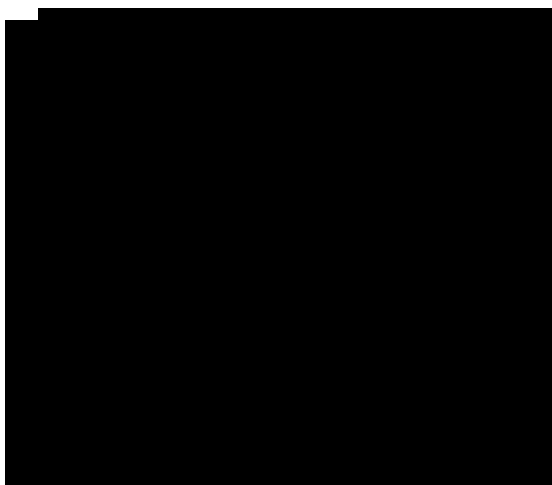
Submission to Parliamentary Committee
regarding
Queensland Abortion Law Reform (Women's Right to Choose)
Amendment Bill 2016



I respectfully ask that my name and address details be suppressed in any public record of this submission or subsequent Hansard records. My reasons for this request are to provide another layer of protection for my patients from any risk that their de-identified stories be linked to them, and to protect my therapeutic relationship with those I currently care for.

I am willing to be called to give evidence in front of the committee – but again ask for that to be a private hearing if possible.

Thankyou for your consideration in this matter.



Since the reintroduction of another abortion reform bill before the parliament, I write again to respectfully request that this parliament very carefully review the evidence regarding the risks to women and children (and indirectly to men) of making abortion more accessible and mundane in this state.

I write as a medical practitioner who has extensive experience caring for Queensland women who have experienced coercion and invasion or maternal indifference in their private lives. These real life experiences matter. Any intimation that increasing access to abortion does anything to decrease coercion, invasion or indifference reveals a naive understanding of the abortion industry in this state and the social milieu surrounding abortion decisions.

I have encountered women with mental distress as a direct result of abortion in my work in Queensland general practice, and I have researched abortion as perinatal loss at a university level. This very real impact on the women of Queensland needs to be part of any public discussion of increased access to abortion. I note with great concern that Mr Pyne in his public briefing stated that his consultative group on this bill had a “high degree of skepticism” (p 5) regarding abortion and mental health issues.

This shows disrespect for:

- 1/ those in the Queensland community who brought forward evidence revealing this as a significant concern
- 2/ the content of the report passed down after the last committee process
- 3/ the research data (some of it performed by ‘pro-choice’ researchers) available in the public domain
- 4/ the recent documentary produced by a pro-choice filmmaker regarding mental health and breast cancer risks of abortion - ‘Hush’
- 5/ possibly the real stories of the very women they claim to serve.

I am also very concerned that the repeated framing of this debate as merely normalizing a ‘medical procedure’ does great injustice to the biological and communal nature of the medical profession that has defined pregnancy as a situation where the doctor needs to be aware of two patients – mother and child (even before ultrasound). This medical and biological reality does not change just because some social attitudes to the unborn have changed. If the parliament increases access to abortion and in any way uses social pressure to influence the medical decision making process or expectations – then it will be contributing to an expectation that doctors participate in decisions about death of in many cases healthy unborn children, and will therefore irrevocably change the medical profession in Queensland.

I am aware that many submitters to the last abortion law reform review and indeed to the development of this bill represent the abortion industry and pro-choice ideology. I therefore call on the state to be aware of any in this lobby process who have a financial conflict of interest in their submissions for changes to the law. This change in the law does not seem to come from the people (as was evidenced in the public outcry against the last bill), but instead from those with a vested interest in its outcome.

Despite Mr Pyne's references to 'religious dogma' (p3 of his public briefing) being a limitation on the procurement of abortion - this debate cannot be simplified into a religious/science or state/medical jurisdiction divide. Those who oppose Mr Pyne's bills have significant biological concerns about the humanity of the unborn child, the elevation of adult rights over children's rights, the biological reality of the maternal-foetal bond and attachment, the discrimination against the disabled, the physiology of the abortion-breast cancer link, risks of maternal mental health, and the abdicating of community support for women in crisis pregnancy. These are part of any community's decision to increase access to abortion. I note almost no respectful evidence based reference to these concerns in those submissions in support of Mr Pyne's first bill.

With regard to any decisions regarding gestational age for abortions – I respectfully suggest that 24 weeks is an arbitrary cut off driven mostly about creating a palatable (or 'pragmatic' in Mr Pyne's words (p 7 briefing notes)) option for the parliament. This date is not based on any scientific difference in the humanity of the unborn – merely whether it is palatable to the community to terminate those unborn humans who would otherwise survive in our neonatal intensive care units.

I note with interest that this subsequent bill does not address the concerns with regard to conscientious objection, coercion, informed consent, babies born alive and sex selection abortions as have occurred in Victoria already (Mr Pyne seems to believe this is not possible in Queensland – p 6 public briefing notes.)

If this committee would like any further information on my concerns – I respectfully refer you to my submission regarding Mr Pyne's first bill.